



**Mighty Oaks Counseling, PLLC**  
**Family Enrichment and Play Therapy Center**

Credit Card Authorization  
(optional)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_

Credit Card Type (Visa, MasterCard etc.): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Verification Code: \_\_\_\_\_

Expiration: \_\_\_\_\_

I authorize the Mighty Oaks Counseling, PLLC to charge this credit card for therapeutic services:

\_\_\_: One time charge on this credit card for service.

\_\_\_: Keep credit card information on file for weekly charge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_